



亲属照顾者宣誓书

HB 331 – 照顾者教育同意法案

说明：请填写工整。

本人特此证明，下述孩童居住在本人家中，本人是 18 岁或以上人士。

(I hereby certify that the child named below lives in my home and I am 18 years of age or older.)

1. 孩童姓名： _____

(Name of child)

2. 孩童出生日期： _____

(Child's date of birth)

3. 本人全名（作出授权的亲属照顾者）： _____

My full name (kinship caregiver giving authorization)

4. 本人的家庭地址： _____

(My home address)

5. 本人为亲属照顾者。

(I am a kinship caregiver)

6. 本人因以下一项或多项原因（请勾选至少一项）而承担亲属照顾者责任：

(I have assumed kinship caregiver status because of one or more of the following circumstances)

父母失去或放弃照顾该孩童的权利。

(A parent has lost or is relinquishing their right to care for the child/children.)

父母因配偶身故而无法提供照顾。

(A parent being unable to provide care due to the death of the other parent.)

父母患有严重疾病或晚期疾病。

(A serious illness or terminal illness of a parent.)

父母或该孩童的身体或心理状况或环境致使父母无法给予该孩童适当照顾及监督。

(The physical or mental condition or environment of the parent or the child such that proper care and supervision of the child cannot be provided by the parent.)

父母入狱。

(The incarceration of a parent.)

该孩童的住宅因自然灾害而损坏或不可居住。

(The loss or uninhabitability of the child's home as the result of a natural disaster.)

父母正在服兵役的期限超过 24 个月；或

(A period of active military duty of a parent exceeding 24 months)

本人因以下原因（请列出原因）而现时无法联系父母，以通知他们本人的预期授权：

(I am unable to locate a parent or parents at this time to notify them of my intended authorization because)

7. 父母或法定监护人姓名： _____

(Name of parent(s) or legal custodian(s))

8. 父母或法定监护人地址： _____

(Address of parent(s) or legal custodian(s))

9. 父母或法定监护人的手机号码和电子邮件地址： _____

(Phone numbers and email addresses of parent(s) or legal custodian(s))

10. 亲属照顾者出生日期： _____

(Kinship caregiver's date of birth)

11. 亲属照顾者的佐治亚州驾驶执照或身份证号码： _____

(Kinship caregiver's State of Georgia driver's license number or identification card number)



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警告：倘以上表格有任何不实陈述，请勿签署，否则您将被处以罚款、监禁或两者兼有的罪行。

本人了解，倘本人蓄意及故意在本宣誓书中作出虚假陈述，本人将被判有伪证罪。

(I recognize that if I knowingly and willfully make a false statement in this affidavit, I will be guilty of the crime of false swearing.)

亲属照顾者签名 *(Kinship caregiver's signature)*

亲属照顾者的正楷姓名 *(Kinship caregiver's printed name)*

Sworn to and subscribed before me this _____ day of _____, _____

通知：

1. 本声明不会影响上述父母或法定监护人关于照顾、监护和控制该孩童的权利，也并不意味着该亲属照顾者对该孩童有合法监护权。

(This declaration does not affect the rights of the named child's parent or legal guardian regarding the care, custody, and control of the child and does not mean that the kinship caregiver has legal custody of the child.)

2. 依赖本宣誓书的人士可不必作出任何进一步查询或调查。**但当地学校系统在招收该孩童之前可能需要其他信息。**

(A person that relies on this affidavit has no obligation to make any further inquiry or investigation. However, a local school system may request additional information before enrolling the child.)

3. 本宣誓书自签署日期起一年后失效。**在签署本宣誓书之学年结束后，当地学校系统可选择终止该亲属照顾者宣誓书。**

(This affidavit is not valid for more than one year after the date on which it is executed. Local school systems can elect to have Kinship Caregiver's Affidavit expire at the end of the school year in which the affidavit was executed.)



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其他信息:

(ADDITIONAL INFORMATION)

致亲属照顾者:

1. 倘该孩童不再与您同住超过 30 天, 您必须于不迟于自此期间后 30 天, 向提供过本宣誓书的任何人士, 以及您已实际知悉其向第三方获得该宣誓书的任何人士发出通知。
2. 倘您没有该宣誓书第 11 项所述的信息 (佐治亚州驾驶执照或身份证), 您必须提供其他形式的身份证明, 例如您的社会安全号码。

致校方:

学校系统可能需要额外的合理证据证明该亲属照顾者居住在该宣誓书第 4 项所提供的地址。

致医疗保健提供者和医疗保健服务计划:

1. 如果本表该填写部分已完成, 若秉诚行事的任何人士在不确定本宣誓书所述内容与事实是否相符的情况下, 只本着对亲属照顾者宣誓书的倚赖而提供直接与学术课程或任何课程或课外活动相关的教育服务或医疗服务, 则不会遭受刑事起诉或向任何人士承担民事责任, 也不会受到任何专业纪律处分。
2. 本宣誓书并不具独立性以达到医疗保健支付的目的。

TO KINSHIP CAREGIVERS:

1. If the child stops living with you for a period of more than 30 days, you are required to provide notice not later than 30 days after such period to anyone to whom you have given this affidavit as well as anyone of whom you have actual knowledge who received the affidavit from a third party.
2. If you do not have the information in item 11 of the affidavit (State of Georgia driver's license or identification card), you must provide another form of identification such as your social security number.

TO SCHOOL OFFICIALS:

The school system may require additional reasonable evidence that the kinship caregiver resides at the address provided in item 4 of the affidavit.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

1. No person that acts in good faith reliance upon a kinship caregiver's affidavit to render education services or medical services directly related to academic enrollment or any curricular or extracurricular activities, without actual knowledge of facts contrary to those stated in the affidavit, shall be subject to criminal prosecution or civil liability to any person, or subject to any professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.